

CHILD SUPPORT SERVICES VERIFICATION FORM

TO: CSSD

FROM: _____

Phone: (907) 269-6900 option 5

Phone: _____

FAX: (907) 787-3310

FAX: _____

I, _____ grant you permission
Type or Print Name of person social security number

to disclose the amount of my benefits to _____
Type or print the name of your agency

Signature of person

1. **Declaration of Payment Received through Child Support Services Division if ordered by a divorce decree, administrative order, or judgement.** The Child Support Services Division (CSSD) shall fill out this section if disbursements are being paid directly to the applicant through CSSD or payments are being made through CSSD.

Child support case number _____

Child support case number _____

Monthly Child Support charged _____

Monthly Child Support charged _____

Monthly Spousal support charged _____

Monthly Spousal support charged _____

Other _____

Other _____

☐ *Please attach last 12 months payment record received by custodial parent.*

☐ *Please attach last 12 months payment record received by non-custodial parent.*

Comments: _____

Name of person completing form

Title

Phone number

Date